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Bib Data Sheet

CONFIRMATION NO. 5019

<b>SERIAL NUMBER</b> 10/813,355	<b>FILING OR 371(c) DATE</b> 03/30/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 5490-000378		
<b>APPLICANTS</b> Joel C. Higgins, Claypool, IN; <b>** CONTINUING DATA *****</b> none <b>** FOREIGN APPLICATIONS *****</b> none						
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/19/2004</b>						
Foreign Priority claimed 35 USC 119 (a-d) conditions met. Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27572						
<b>TITLE</b> Methods and apparatuses for enhancing prosthetic implant durability						
<b>FILING FEE RECEIVED</b> 1274	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			